



LTC BULLETIN

P.O. Box 570, Jefferson City, MO 65102-0570
Phone (573) 526-8514 • Fax (573) 751-8493

Volume 8, Issue 1 • Winter 2010

The Discharge Process: Do You Know the Ins and Outs?

By Shelly Williamson

Long-term care facilities, hospitals, residents' family members and guardians often have questions about when a resident can be discharged involuntarily from a facility. State regulations (19 CSR 30-82.050) outline the appropriate discharge procedures, which are outlined below.

An involuntary discharge means a facility releases a resident when the resident or their legal representative has not consented to the move. A discharge can also mean a facility refuses to readmit a resident from a community setting. Note the refuses to readmit phrase. Sending a resident to a hospital and refusing to readmit him or her constitutes a discharge; therefore, all discharge requirements must be met.

A facility can discharge a resident for one of the following reasons:

1. The resident's welfare and needs cannot be met by the facility;
2. The resident's health has improved sufficiently so the resident no longer needs the services provided by the facility;
3. The safety of individuals in the facility is endangered;
4. The health of individuals in the facility is endangered;
5. The resident has failed, after reasonable and appropriate notice, to pay for (or have paid under Medicare or Medicaid) care; or
6. The facility ceases to operate.



Before discharging a resident, a facility must document the reason in the resident's record. A physician must also document the reason if the discharge stems from reasons cited in numbers one, two or four above.

In most cases, a facility must give residents, their next of kin, or their designees a 30-day written notice before discharging residents. There is, however, an exception. In the case of an **emergency discharge**, the written notice shall be made as soon as practicable before the discharge.

(Continued on Page 2)

The Discharge Process...Ins and Outs *(continued from page 1)*

The reasons for an emergency discharge include:

1. The safety of individuals in the facility is endangered. The discharge notice must contain the specific facts as to how a facility made that determination;
2. The health of individuals in the facility is endangered. The discharge notice must contain the specific facts as to how a facility made that determination;
3. The resident's health has improved;
4. The resident has urgent medical needs that require immediate discharge; or
5. The resident has not resided in the facility for 30 days.

All discharge notices must be written in a language and manner understood by the resident. The notice must also be sent to any legally authorized representative of the resident and to at least one family member. In the event that there is no family known to the facility, the facility shall send a copy of the notice to the appropriate regional coordinator of the Missouri State Ombudsman's office.

The discharge notice must include:

1. The reason for the discharge;
2. The effective date of the discharge;
3. The resident's right to appeal the discharge notice to a Department of Health and Senior Services' hearing officer within 30 days of receipt of the notice;
4. The address to which the request for a hearing should be sent:
Attn: Hearings Officer/Director's Office
P.O. Box 570, Jefferson City, MO 65102
Fax: 573-526-0214;
5. That filing an appeal will allow a resident to remain in the facility until the hearing is held unless a hearing official finds otherwise;
6. The location to which the resident is being



- discharged;
7. The name, address, and telephone number of the designated regional long-term care ombudsman office; and,
 8. For Medicare- and Medicaid-certified facility residents with developmental disabilities or mental illness, the mailing address and telephone number of the Missouri Protection and Advocacy Agency, 925 South Country Club Drive, Jefferson City, MO 65109, (573) 893-3333.

A resident, or anyone acting on behalf of the resident, has 30 days from the date of the discharge notice to file a written appeal. Often, the Long-Term Care Ombudsman's office assists residents and families with the appeal.

After the department receives an appeal, a hearing officer will notify the resident, the Long-Term Care Ombudsman's office and the facility, in writing, that a hearing has been scheduled. The resident will be allowed to remain in the facility until the hearing is held.

If a facility can show good cause why the resident should not remain in the facility until the hearing is

(Continued on Page 3)

Web Site Takes Place of Automated CNA Information Line



The automated voice-response information line for the Certified Nurse Assistant Registry (CNA) and CNA Training Agencies, 573-526-5686, has been discontinued. That same phone number is now being used to field inquiries handled by the Health Education Unit, including the CNA, Certified Medication Technician, Level I Medication Aide, and Insulin Training Programs.

Information previously provided through the automated voice-response number is now available at: www.dhss.mo.gov/cnaregistry. To verify certification information for an individual, click on "Check Registry." To verify Training Agency

information, click on "Check Agency." The easy-to-access Web site information can be printed to provide verifying documentation.

If you have questions, please call the Health Education Unit at 573-526-5686, Monday through Friday, 8 a.m. to 5 p.m.

The Discharge Process...Ins and Outs *(continued from page 2)*



held, the facility must file a written Motion to Set Aside the Stay with the department's hearing officer. The facility must provide a copy of the motion to the resident or the resident's legal guardian and at least one family member. If there are no known family members, a copy must be provided to the Long-Term Care Ombudsman's office. If the hearing officer agrees with the Motion to Set Aside the Stay, the hearing process will be expedited.

A hearing may be held by teleconference or in person. During the hearing, a facility bears the burden of showing that it has complied with all appropriate discharge requirements. The facility (if a corporation) must be represented by an attorney, but residents do not have to have one.

If a hearing officer finds there is no cause for the discharge, the resident shall be permitted to remain in the facility. If the resident has already left the facility, the facility must notify the resident that he or she may return. The resident shall be admitted to the first available bed without regard to any waiting list.

If the decision is in the facility's favor, the resident shall be granted an additional 10 days after the decision is received for purpose of relocation, and the facility shall assist the resident in making suitable arrangements for relocation.

NOTE: For the purposes of this article, many regulations have been paraphrased. Please read the entire regulatory section, 19 CSR 30-82.050, for an explanation of the entire process. If you have questions, call the Section for Long Term Care Regulation at 573-526-8524.

Missouri Hosts 2011 Pioneer Network Conference



By Sam Plaster

The movement to transform the way we think about nursing homes and the people who live and work there is coming to St. Charles, which will host a national conference about the initiative in 2011.

Photo courtesy of The Pioneer Network

The “culture change” movement began with the Pioneer Network, a small group of long-term care professionals that sought to put the home back in nursing. In this model, seniors enjoy much of the privacy and choice they would experience if they were still living in their own homes. Their needs and preferences come first, and they are given greater control over their daily lives.

“I think the thing I am most proud of regarding the selection of St. Charles is that the initiative to bring the conference to Missouri came from the grassroots – from the members and supporters of the Missouri Coalition Celebrating Care Continuum Change,” says Joan Devine. Devine is vice chairwoman of the coalition, known as MC5, and is director of performance improvement with Lutheran Senior Services.

Armed with pledges of support from Missouri’s long-term care providers and senior service organizations, MC5 persuaded the Pioneer Network to hold its national conference from Aug. 1 to 3, 2011, in St. Charles. The campaign to sway officials started in 2008, at the network’s national conference. During the roll call of the states, more than 25 Missourians waved their “Missouri Says Show Me Culture Change” banner and belted out their theme song. Last year, Missouri raised the bar again. More than 50 individuals made the trek to Little Rock and created a sea of yellow as they proudly wore yellow shirts and sang, “Missouri is On the Road to Culture Change.”

MC5 will hold its 2010 Culture Change Conference May 18 to 19 in Columbia and hopes to turn it into a pep rally to get everyone excited and involved in preparing for the 2011 conference. This year’s theme is “Culture Change...Gettin’ In the Swing of Things.”

This is a very exciting time. We have an incredible opportunity to bring a new level of awareness about culture change to Missouri, its nursing homes and its seniors.

Congratulations to MC5! Watch for more information coming soon and visit: <http://www.missourimc5.com/>

Remember...

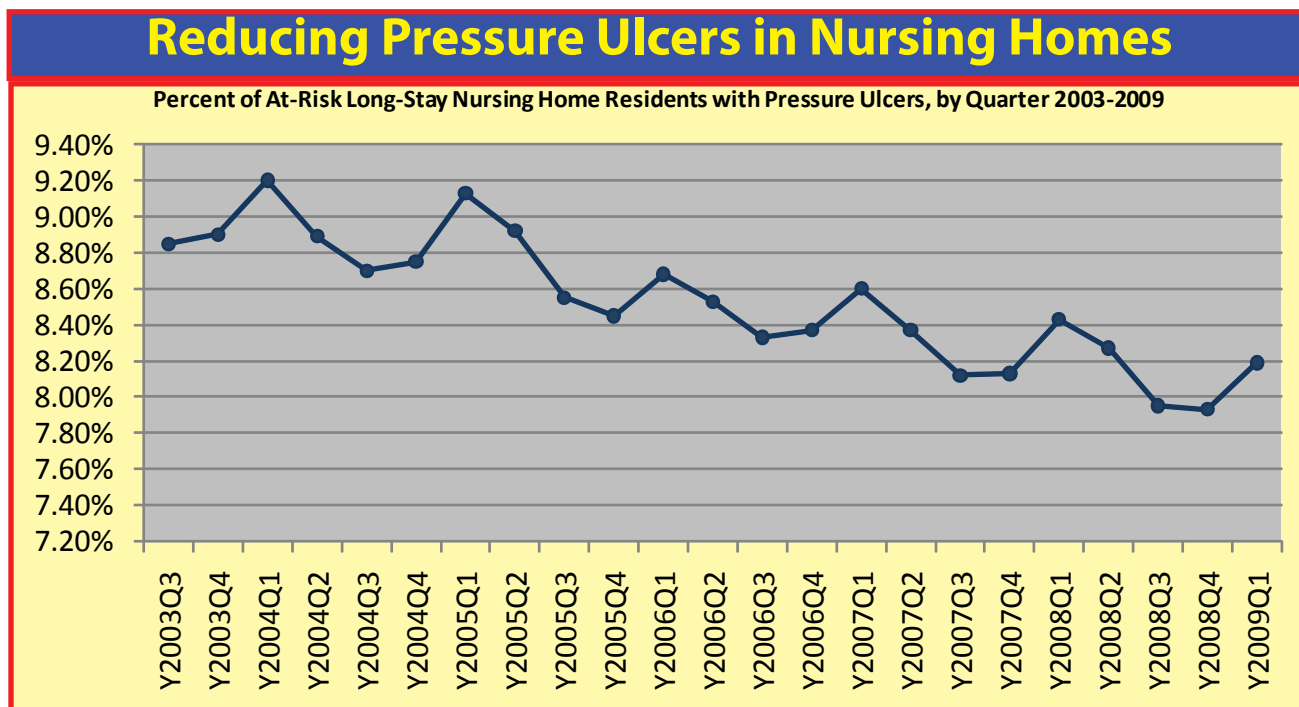
If you have questions about the articles in the LTC Bulletin, contact the Section for Long Term Care Regulation at 573-526-8514.

Risk for Pressure Ulcers Higher in Winter

By Matt Younger

One resident in every four skilled nursing facilities will develop a serious, preventable pressure ulcer simply because it's winter. If that strikes you as unusual, consider:

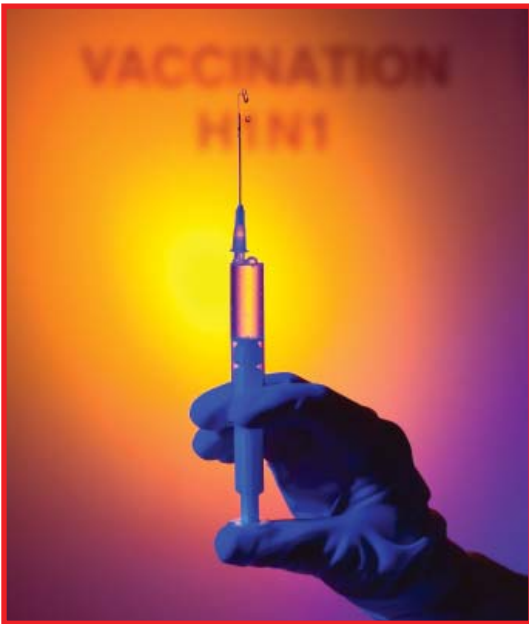
- Snow and icy conditions often contribute to falls and injuries that require hospitalization. Those lengthy hospital stays may increase residents' risk of developing pressure ulcers.
- Residents may exercise less during winter months and spend more time sitting or lying down because opportunities for outdoor activities are limited.
- Residents who contract a cold, the flu, or pneumonia spend more time in bed, increasing their odds of developing pressure ulcers.
- To help keep residents warm, staff may remove residents' socks less frequently, missing opportunities to identify pressure ulcers on residents' heels in their earliest stages.



The graph above depicts Missouri's pressure-ulcer rate by season or quarter, from 2003 to 2009. A prominent rate spike occurs every winter, from January through March, though the overall incidence of pressure ulcers has declined steadily over time.

Successful interventions by nursing homes may account for the overall decline. Rate spikes in winter, however, may indicate missed opportunities.

This winter, encourage your staff members to identify unique opportunities to reduce the incidence of residents' pressure ulcers. We'll share your most helpful or innovative ideas with other facilities on our listserv.



Information About Flu and H1N1 Vaccines

By Linton Bartlett

The H1N1 flu virus, commonly referred to as “swine flu,” is a form of influenza that emerged last March and has now swept around the globe, causing worldwide illness. It is different from the traditional seasonal flu viruses that have circulated throughout the United States in recent years, and it poses different risks.

This has created confusion, especially among long-term care facilities, about how to protect residents, who traditionally are the most at risk from flu viruses. People are asking, how serious is this new flu? Will a seasonal flu shot offer protection? How often should seniors receive seasonal flu and pneumonia vaccines? This article provides answers.

- Long-term care facilities that participate in Medicare or Medicaid must offer their residents seasonal flu and pneumonia vaccines annually. Facilities must provide information to residents, or their legal representatives, regarding the benefits and potential side effects of the vaccinations. People 65 and older, along with infants and persons with compromised immune systems, are more likely than others to get very ill from the seasonal flu.
- Residents should be offered seasonal flu shots between October 1 and March 31, and one pneumonia shot after age 65. However, residents who do not have a spleen, have HIV infection, AIDS, a malignancy, or first received their pneumonia shot before age 65 should delay any revaccination until at least five years after their initial vaccination.
- A facility must document whether a resident receives or refuses the vaccines in the resident’s medical record.
- A seasonal flu vaccine will not protect residents from the H1N1 flu.
- At this point, there is no reason to believe the H1N1 flu is more dangerous than the seasonal flu.
- A vaccine against the H1N1 flu is being distributed throughout the state. To locate a flu vaccination center near you, contact your local health department or go to: http://www.dhss.mo.gov/missouriflu/provider_listing.html.
- Current studies indicate seniors are at less risk for H1N1 infection than younger age groups. Why? Older persons may have some immunity because they have been exposed to many different influenza viruses in their lifetime.
- People at highest risk of severe H1N1 illness are pregnant women, young children, teens, young adults, and those with underlying health conditions such as heart and lung disease. Therefore, those groups were offered the new vaccine first. But the vaccine is now available to all persons, and facilities should offer H1N1 vaccine to all residents. Residents may receive an H1N1 shot, a seasonal flu shot and a pneumonia shot on the same day. The vaccinations must be administered more than one inch apart in residents’ arms.

(Continued on Page 7)

Prepare Now for Bad Weather

By Shelly Williamson

About 40 long-term care facilities lost power last winter when ice storms hit southeastern Missouri. The Section for Long Term Care Regulation conducted routine checks at those facilities to ensure resident and staff safety.

Facilities may experience another loss of power or disaster this winter. Therefore, state officials developed a protocol to keep communication channels open. The emergency protocol lists the mobile and main phone numbers of the section's seven regional offices.

Facilities should call the regional office closest to them in the event of an emergency. Springfield facilities, for instance, should call Region One's main office phone number if they lose a necessary service such as electricity, gas or water during normal business hours. Poplar Bluff facilities should call Region Two's main number, and so on. The mobile phone numbers should be used for emergencies that occur between 5 p.m. and 8 a.m. Monday through Friday, and on weekends.



Emergency Protocol Phone Numbers*

Region	Main Office Phone	Mobile Phone	Region	Main Office Phone	Mobile Phone
1 Springfield	(417) 895-6435	(417) 425-8780	5 Macon	(660) 385-5763	(660) 651-1468
2 Poplar Bluff	(573) 840-9580	(573) 778-6495	6 Jefferson City	(573) 751-2270	(573) 619-3338
3 Kansas City	(816) 889-2818	(816) 719-0089	7 St. Louis	(314) 340-7360	(314) 623-2852
4 Cameron	(816) 632-6541	(816) 632-9371			

* This protocol is NOT to be used to self report incidents normally reported to the Elder Abuse and Neglect Hotline.

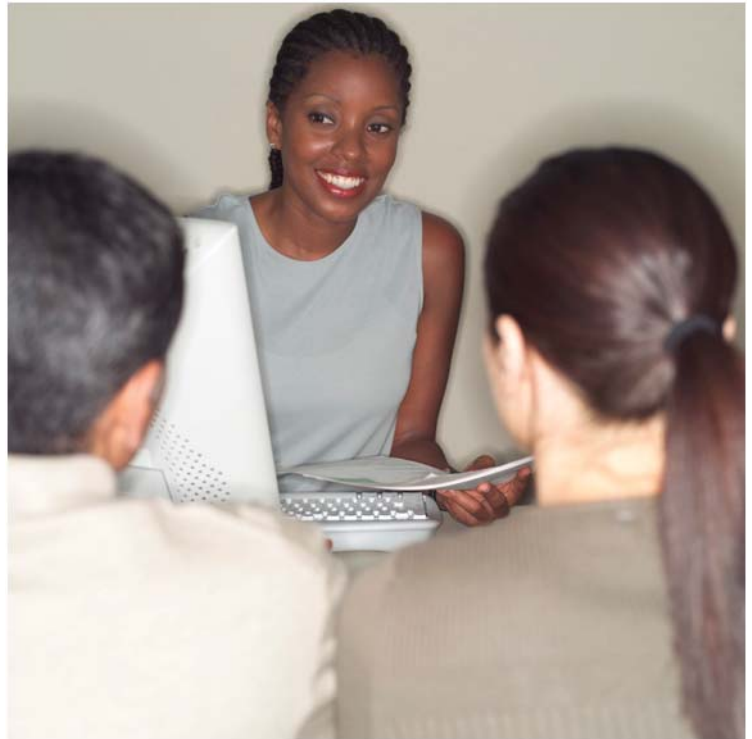
Flu Vaccines *(continued from page 6)*

- Medicare Part B covers both seasonal flu and pneumonia vaccines.
- The H1N1 vaccine will be provided free to long-term care facilities, hospitals, physicians and others who immunize patients. If those providers charge an administration fee, they can bill Medicare Part B.
- The best way to avoid the flu, whether H1N1 or seasonal flu, is by practicing good hygiene. This means covering one's nose and mouth with a tissue when coughing or sneezing, washing one's hands frequently, and staying home when ill.

Application to Operate Long-Term Care Facility Now Online

An application to operate a long-term care facility and related forms can now be found online and submitted electronically. The license and related forms are available at: <http://www.dhss.mo.gov/NursingHomes/AppsForms.html>.

Electronic applications should be sent to: ltcapplication@dhss.mo.gov. However, a signature is still required on page 8. The application fee (check or money order) to process a license must be submitted by regular mail. Please write your facility's name on the check or include a copy of your facility's application with the fee.



Facilities can still submit an application and related forms by regular mail. The Licensure and Certification Unit will continue to mail a packet of relicensure forms to a facility at least 90 days before the facility's license expires. The application, related forms and fees may be mailed to: Department of Health and Senior Services; Section for Long-Term Care Regulation; Attn: Fee Receipts; 920 Wildwood Dr.; PO Box 570; Jefferson City, MO 65102.

If you have questions regarding the new forms or require assistance, please contact the Licensure and Certification Unit at 573-526-8551.



Read All About It!

Subscribe to the weekly LTC Information Update Listserv by visiting the DHSS Web site at <http://www.dhss.mo.gov/SeniorServices/>, and then click on "Subscribe to LTC Information Update."

The LTC Bulletin is published quarterly by the Section for Long Term Care Regulation and is distributed to all Missouri long-term care facilities. Suggestions for future articles may be sent to Tara.McKinney@dhss.mo.gov, or you may call (573) 526-8514.